

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000068806 (7)

1. Corporation Name  
CABLE AD SALES, INC.

Principal Place of Business

9042 STATE ROAD 84  
DAVIE FL 33324

Mailing Address

9042 STATE ROAD 84  
DAVIE FL 33324-4417



2. Principal Place of Business

21 10283 N.W. 46th Street

Suite, Apt. #, etc.

22 City & State  
Sunrise, FL

24 Zip  
33351

25 Country  
USA

2a. Mailing Address

26 10283 N.W. 46th St

Suite, Apt. #, etc.

27 City & State  
Sunrise, FL

29 Zip  
33351

30 Country  
USA

3. Date Incorporated or Qualified  
10/04/1993

3a. Date of Last Report  
04/24/1996

4. FEI Number  
65-0451557

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PIANKA, BOB  
2077 WEST 76TH STREET  
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name  
RODNEY LAMPERT  
82 Street Address (P.O. Box Number is Not Acceptable)  
10283 N.W. 46th Street  
83  
84 City  
Sunrise FL 85 Zip Code  
33351

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

 RODNEY LAMPERT, PRESIDENT & SECRETARY

2/4/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PIANKA, BOB	
STREET ADDRESS	2077 WEST 76TH STREET	
CITY - ST - ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<del>PIANKA, BOB</del> P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RODNEY LAMPERT	
1.3 STREET ADDRESS	10283 N.W. 46th St.	
1.4 CITY - ST - ZIP	Sunrise FL 33351	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

 RODNEY LAMPERT, PRESIDENT

2/4/97  
DATE

954-742-0999  
Daytime Phone #

0202002

CR2E034 (9/96)